

VERIFICATION OF LICENSE/REGISTRATION

BUSINESS AND PROFESSIONS DIVISION
PUBLIC PROTECTION UNIT
PRIVATE INVESTIGATORS SECTION
P.O. BOX 9649
OLYMPIA, WA 98507-9649
PHONE: (360) 664-6611
FAX: (360) 570-7888

FROM: Washington State Department of Licensing
Private Investigators Section

TO: APPLICANT

In order to assist the state/jurisdiction in which you have current licensure/registration in providing information to this agency, complete **this section only** and forward to the appropriate licensing authority in that state. That state may charge a fee for this service.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

License/Registration/I.D. Card Number _____ Expires ____/____/____

TO: LICENSING AUTHORITY

The above named individual is applying for licensing in Washington state as a Private Investigator based upon his/her license/registration in your jurisdiction. It would be appreciated if you will provide the information below to support his/her application in Washington. The completed form may either be returned to the individual at the address provided or forwarded directly to this office at the address above. Thank you for your assistance to this applicant.

State/Jurisdiction: _____

License/Regist. # _____ Date Issued ____/____/____ Expires ____/____/____

License/Registration As: ☐ Unarmed Private Investigator ☐ Armed Private Investigator ☐ Principal of Company

Licensee met minimum preassignment training and testing requirements which consisted of: ☐ Yes ☐ No
(Please attach a copy of licensing prerequisites and training requirements:

Are there any complaints against Licensee? ☐ Yes ☐ No

If "YES" to above, type? _____

Any other information you are able to release will be appreciated. _____

X

Signature of Administrative Officer

for the state of _____

Dated this ____ day of _____, 20____